## **Facility Request & Permit**

Name of Organization:		
League Affiliation:		
Organization Address	Phone	
Contact Person:	Phone (Home	
Address:	(Work	x)
Alternate Contact:	Phone (Home	e)
Address:		k)
The above organization/individual wou		_
Facility:		
Activity:		
Times:		
Number in Group:	Hingham Resid	dents (yes/no)
Fees Charged to participants:		
Liability/Insurance Carrier (copy needed)	•	
Special Facility/Equipment Requests :		
Additional Comments:		
The Recreation Commission may revoke this permit for the Recreation Commission nor the Town of Hingham gymnasium or fields are responsible for supervising the after completion of their games or activities. Any grow vandalism or damage and/or having the field cleaned. in direct violation of the Hingham By-laws. Violate	n will be responsible for injurioneir participants during use of up not fulfilling this condition  The use of alcoholic bevera	es or lost of stolen articles. Groups using the the property and making sure the area is clean will be assessed the cost of repairs due to
I have read and will abide by the conditions set forth o	on this permit.	
Signature		Date
The Hingham Recreation Commission grants permissi above facilities. The fee for the use of the facilities w	ion to:	for the use of the
Approved by:	Date:	